

STATE TRANSPORTATION IMPROVEMENT PROGRAM

AB3090 PROJECT INFORMATION AND CONCURRENCE FORM

(To be submitted with AB3090 STIP Amendment Request)

Request for: **REIMBURSEMENT** **REPLACEMENT**

Project Information							Fact Sheet Date:	
County	Caltrans District	PPNO *	EA *	Region/MPO/TIP ID*	Rural (R) / Urbanized(U)	Route/Corridor *	PM / KP Back *	PM / KP Ahead *
							PM:	PM:
							KP:	KP:
Legislative Districts:		Senate:			Congressional:			
		Assembly:						
Implementing Agency: (by component)		PA&ED			PS&E			
		R/W			CON			
RTPA/CTC:								
Project Title:								
Location:								
Description:								

* NOTE: PPNO & EA assigned by Caltrans. Region/MPO/TIP ID assigned by RTPA/MPO. Route/Corridor & PM/KP Back/Ahead used for State Highway System and Intercity Rail projects.

A. This project is currently programmed in the STIP as follows (Attach copy of CTIPS Record):

(Show all STIP Dollars in thousands)

Component	FY	FY	FY	FY	FY	TOTAL
E&P/ PA&ED						
PS&E						
R/W						
CON						
TOTAL						

B. The project programmed as above already has State Only Funding approval from Caltrans:

Yes No

C. This request is to advance the project as follows:

Component	FY to be implemented	Funds used to advance projects*

*Note: Funds used to advance the project shall not be State or Federal funds

D. Status of Local Agency / Caltrans Funding Reimbursement Agreement (If Agreement has not been executed, include target date for execution):

E. Local Agency Contact:

Name: _____ Phone: _____

Address: _____

F. Local Agency Certification

I understand and/or certify the following:

- ☐ This project is is not on the State Highway System.
- ☐ If State Only Funding is not already approved by Caltrans, Local Agency will meet all federal requirements, including but not limited to, Authorization, NEPA compliance, R/W requirements, DBE compliance, etc.
- ☐ FTIP Amendment required? Yes No If Yes, target date: _____.
- ☐ All requirements of CEQA will be met.
- ☐ The Local Agency will not start any work on this project until the CTC approves a STIP amendment to identify this as a "Reimbursement Project" and until the Reimbursement Agreement (Program Supplement or Cooperative Agreement) is fully executed. Before approval of the STIP Amendment, the CTC may impose conditions that reimbursement payments be scheduled over an extended period of time.
- ☐ The CTC will not allocate funds for reimbursement before the beginning of the fiscal year in which the advanced project / component was originally programmed. Reimbursement shall conform to the terms of the executed Reimbursement Agreement and is subject to State Budget approval and Commission Allocation of the project.

Local Agency Signature: _____ Name: _____
(Please Print)
Title: _____ Date: _____
Phone Number: _____

G. Regional Transportation Planning Agency/ County Transportation Commission Concurrence

I concur with the request above:

Signature: _____ Name: _____
(Please Print)
Title: _____ Date: _____
Agency/ Commission: _____

H. Caltrans Acceptance:

(Required Signatures: District Local Assistance Engineer signature required for off highway system projects; District Program/Project Manager signature required for on-highway system projects; District Mass Transit Manager signature required for Mass Transit projects; HQ Rail Manager signature required for Rail projects.)

I have reviewed the information submitted in this request and agree it is complete and has been prepared in accordance with the requirements of the guidelines for implementation of AB3090.

Signature: _____ Name: _____
(Please Print)
Title: _____ Date: _____
EA: _____ Project #: _____
(off-system projects only) (off-system projects only)

Attachments:

Copy of CTIPS Record
Finance Letter (Exhibit 23D – Local Assistance Program Guidelines)

Distribution:

Original to: DLAE (for Local Assistance); District Prog./ Proj. Management (for State Hwy System); HQ MT (for Mass Transit), HQ Rail (for Rail)
Copy to Division of Transportation Programming, Sacramento.